

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000065169

**Entity Name:** JAFFE ADDICTION RECOVERY AND PAIN MANAGEMENT SERVICES, INC.

**FILED**  
**Jun 11, 2020**  
**Secretary of State**  
**5735532131CC**

**Current Principal Place of Business:**

8095 SPYGLASS HILL ROAD  
101  
MELBOURNE, FL 32940

**Current Mailing Address:**

8095 SPYGLASS HILL ROAD  
101  
MELBOURNE, FL 32940 US

**FEI Number: 81-2061728**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FLAVIN, NOONEY & PERSON, INC  
2200 S BABCOCK ST  
MELBOURNE, FL 32901 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TODD, JAFFE B  
Address 8095 SPYGLASS HILL ROAD, SUITE  
101  
City-State-Zip: MELBOURNE FL 32940

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TODD JAFFE** \_\_\_\_\_

P

06/11/2020

Electronic Signature of Signing Officer/Director Detail

Date